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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Committee to Elect Jennifer-Ruth Green PO Box 243 ADDRESS (number and street) (Check if address is changed) Crown Point 46308 IN CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@jennifer-ruthgreen.com (Check if address is changed) Optional Second E-Mail Address derek@threepointadvisorsllc.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.jennifer-ruthgreen.com (Check if address is changed) DATE 25 2021 C00782797 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Collins, Anthony, , , Type or Print Name of Treasurer Collins, Anthony, , , [Electronically Filed] Date 09 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Green, Jennifer-Ruth, , ,	
	Candidate Party Affiliation REP Sought: House Senate President	State IN District 01
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 01
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperation	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	;).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

I	FEC Form 1 (Revised 0	92/2009)		Page 3
٧	/rite or Type Committee Name			
		Elect Jennifer-Ruth Gre		
6.	<u>=</u>	rganization, Affiliated Committee, Joint Fo REPUBLICAN NOMINEE FUND		adership PAC Sponsor
	Mailing Address	PO BOX 30844		
		BETHESDA	MD 20	824
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Joint Fundraising Representative	Leadership PAC Sponse
 7.	Custodian of Decaydou Ident	ify by name, address (phone number , antique	all and position of the person in page	according of committee
1.	books and records.	ify by name, address (phone number optior	ial) and position of the person in pos	session of committee
	Collins, Ant	thony, , ,		
	Full Name	PO Box 243		
	Mailing Address	PO BOX 243		
		Crown Point	IN 46	308
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number 219	308 4525
8.		d address (phone number optional) of the	e treasurer of the committee; and the	ne name and address of
	any designated agent (e.g., a			
	Full Name Collins, And of Treasurer	ihony, , ,		
	Mailing Address	PO Box 243		
		1		
		Crown Point	IN 46	308
	Tills on Decition	CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼		. 210 .	308 4525
	Treasurer		Telephone number 219	- 300 - 4525

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Hugo, Derek, , ,	
Mailing Address	PO Box 441446	
	Indianapolis IN	46204
Title or Position	CITY ▲ STATE A	▲ ZIP CODE ▲
Assistant Treas		812 - 550 - 0852
	r Depositories: List all banks or other depositories in which the committee depositories oxes or maintains funds.	its funds, holds accounts, rents
Name of Bank,	Depository, etc.	
	American Community Bank of Indiana	
Mailing Address	11275 Broadway Ave	
	Crown Point IN	46307
	CITY ▲ STATE A	▲ ZIP CODE ▲
Name of Bank,	Depository, etc.	
	MIDDLETOWN VALLEY BANK	
Mailing Address	24 WEST MAIN ST	
	MIDDLETOWN MD	21769
	CITY ▲ STATE A	▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundrais	ing randopanti		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
		,	
Name of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
JENNIFER-RUT	H GREEN VICTORY FUND		
	. PO POV 44211		
Mailing Address	PO BOX 44211		
	INDIANAPOLIS	IN IN	46244
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Spo
			ative Leadership PAC Spo
Designated Agent: Ident			ative Leadership PAC Spo
Designated Agent: Ident			ative Leadership PAC Spo
Designated Agent: Ident			ative Leadership PAC Spo
Designated Agent: Ident	ify by name, address (phone number – optional		Leadership PAC Spo
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional		
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional	STATE A	
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Agent: Ident Mailing Address	ify by name, address (phone number – optional CITY CITY ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Agent: Ident Mailing Address	ify by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE ZIP CODE ss funds, holds accounts, rents
Pesignated Agent: Identification of Bank, Depository, etc.	ify by name, address (phone number – optional CITY CITY ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE ZIP CODE ss funds, holds accounts, rents
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or not be posited boxes.	ify by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in what naintains funds. VE BANK & TRUST	STATE A Telephone Number	ZIP CODE ZIP CODE ss funds, holds accounts, rents
Pesignated Agent: Identification of Bank, Depository, etc.	ify by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in what naintains funds. VE BANK & TRUST	STATE A Telephone Number	ZIP CODE ZIP CODE ss funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g) o	or(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number
	4		FEC ID number
6.	Name of Any Connected JUST WIN BABY	_	raising Representative, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE STE 101	
		ATHENS	GA 30605
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION	CITY A	STATE ▲ ZIP CODE ▲
		ı	elephone Number
	safety deposit boxes or ma		the committee deposits funds, holds accounts, rents
		Bethesda	MD 20814
		CITY ▲	STATE ▲ ZIP CODE ▲

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
GOP WINNING W	VOMEN MAJORITY MAKERS		
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify	d Organization Affiliated Committee	nt Fundraising Represent	tative Leadership PAC Sp
Connected esignated Agent: Identify	d Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify	d Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify	d Organization Affiliated Committee	nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify	Affiliated Committee Join by name, address (phone number – optional)	at Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee Join y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which aintains funds. C City Bank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.	The state of the s		<u>C</u>
I		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	, or Leadership PAC Spon
TAKE BACK THE	HOUSE 2022		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Full Name			
Mailing Address	CITY A	STATE A	ZIP CODE A
	•	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, Chain I	ries: List all banks or other depositories in which aintains funds. Bridge Bank	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, Chain I	ries: List all banks or other depositories in which aintains funds.	elephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, Chain I depository, etc.	ries: List all banks or other depositories in which aintains funds. Bridge Bank	elephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) o	or(h). Joint Fundraisin	g Participant:		
	1.	F	FEC ID number	С
	2.	F	FEC ID number	C
	3.	F	FEC ID number	C
	4	F	FEC ID number	C
6.	Name of Any Connected CRUZ 25 FOR 22	Organization, Affiliated Committee, Joint Fundraisir	ng Representative	e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 341027		
		AUSTIN	TX	78734
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Fund	draising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	<u> </u>			
	<u> </u>		STATE A	7ID CODE A
	<u> </u>	CITY A	STATE A	ZIP CODE A
	Mailing Address	•		ZIP CODE A
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	Teleph ies: List all banks or other depositories in which the	STATE ▲	
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Old Na Depository, etc.	Teleph ies: List all banks or other depositories in which the dintains funds.	STATE ▲	
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Old Na	Teleph ries: List all banks or other depositories in which the dintains funds. tional Bank	STATE ▲	
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Old Na Depository, etc.	Teleph ries: List all banks or other depositories in which the dintains funds. tional Bank 1 Monument Circle	STATE ▲	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) o	or(h). Joint Fundraisin g	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected C	Prganization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA VA	22314
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
9.	Full Name Mailing Address	CITY CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION TO THE POS	CITY CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositorisafety deposit boxes or main Name of Bank, Depository, etc.	CITY CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositorisafety deposit boxes or main Name of Bank, Depository, etc.	CITY CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A